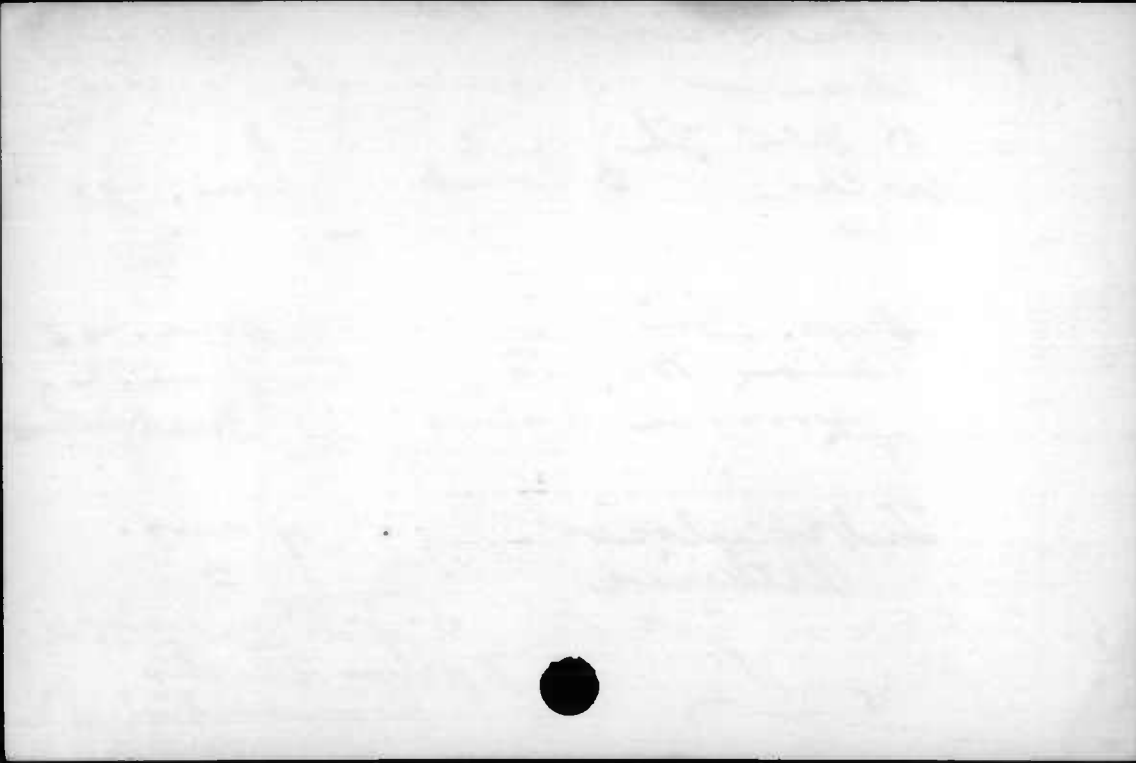


Name in Full		Leslie Bozman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Died at		James Yurter Somerset					
	Date of death		Month	Day	Years	Months	Days	
	Date of death		1905	Dec	6		4	
	Sex		Color or Race		Birth-place			
	Sex		Male		white		md	
	Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		Rufus Bozman				Father's Birthplace		
Father's Name		Rufus Bozman				md		
Mother's Maiden Name		Mary Bozman				Mother's Birthplace		
Mother's Maiden Name		Mary Bozman				md		
Name of person giving information		Hicks Bozman				How related to deceased		
Name of person giving information		Hicks Bozman						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Whooping Cough			How long		
	Primary		Whooping Cough			2 weeks		
	Immediate		Broncho Pneumonia			How long		
	Immediate		Broncho Pneumonia			3 days		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
Accident or Suicide?								
Accident or Suicide?								



Name
in
Full

Clinton Bride

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chance</i>		Town <i>Southern</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>Dec.</i>		Day <i>7th</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Son, Co.</i>		Months <i>8</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas. Bride</i>		Father's Birthplace <i>Son. Co.</i>					
Mother's Maiden Name <i>Ada Watson</i>		Mother's Birthplace <i>Son. Co.</i>					
Name of person giving information <i>Horace Watson</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 mos.</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Winder, M.D.</i>
	Address <i>Danvers Quarter Southern Ky. Ind.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mrs Hamilton

CERTIFICATE OF DEATH

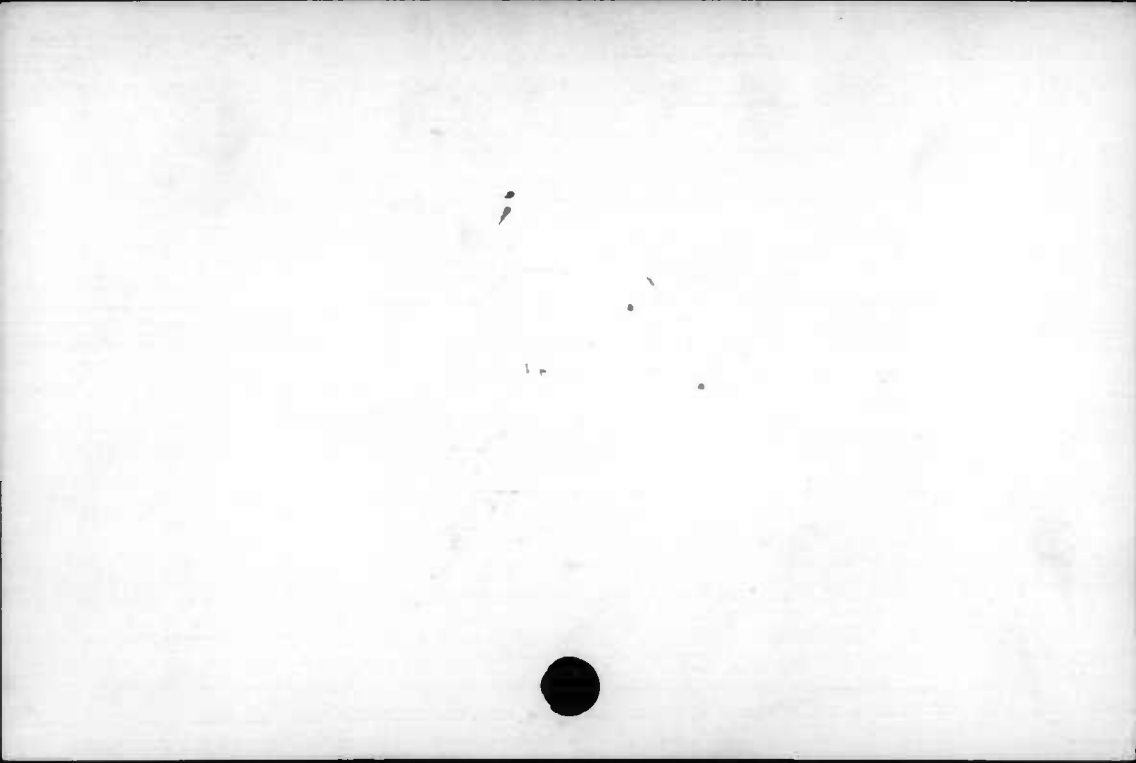
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cohesbury</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>Dec</i> Day <i>27</i>		Age <i>25</i> Years <i>4</i>		Months <i>3</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>r</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert G. Hamilton</i>				
Father's Name <i>Peter Culp</i>	Father's Birthplace <i>Ohio</i>				
Mother's Maiden Name <i>Catherine Holdeman</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Robert G. Hamilton</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>General Collapse</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Wilson, M. D.</i>
	Address <i>Pocomoke City</i>
Accident or Suicide? <i>r</i>	



Name
in
Full

Chas P Kelly
Town

CERTIFICATE OF DEATH

MARYLAND

Died at

Westover

County

Somerset

Date

1905

Month

Dec

Day

3

Age

Years

85

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary E Breen

Father's
Name

Chas Kelly

Father's
Birthplace

Ind

Mother's
Maiden Name

Nancy

Mother's
Birthplace

Ind

Name of person giving
In formation

Chas R Kelly

How related
to deceased

Son

CAUSES OF DEATH

Primary

Old age

How long

3 weeks

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A J Smith

Address

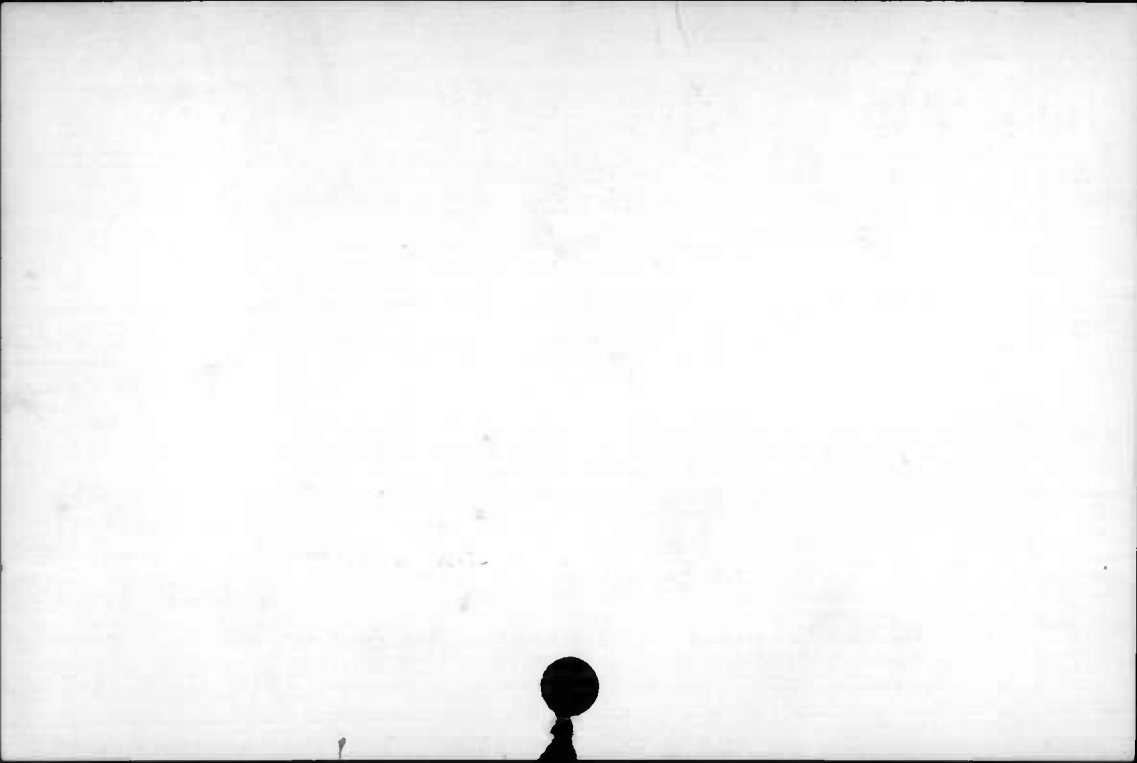
P R Breen Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

154



Name
in
Full

Alfred Thomas Laird

CERTIFICATE OF DEATH

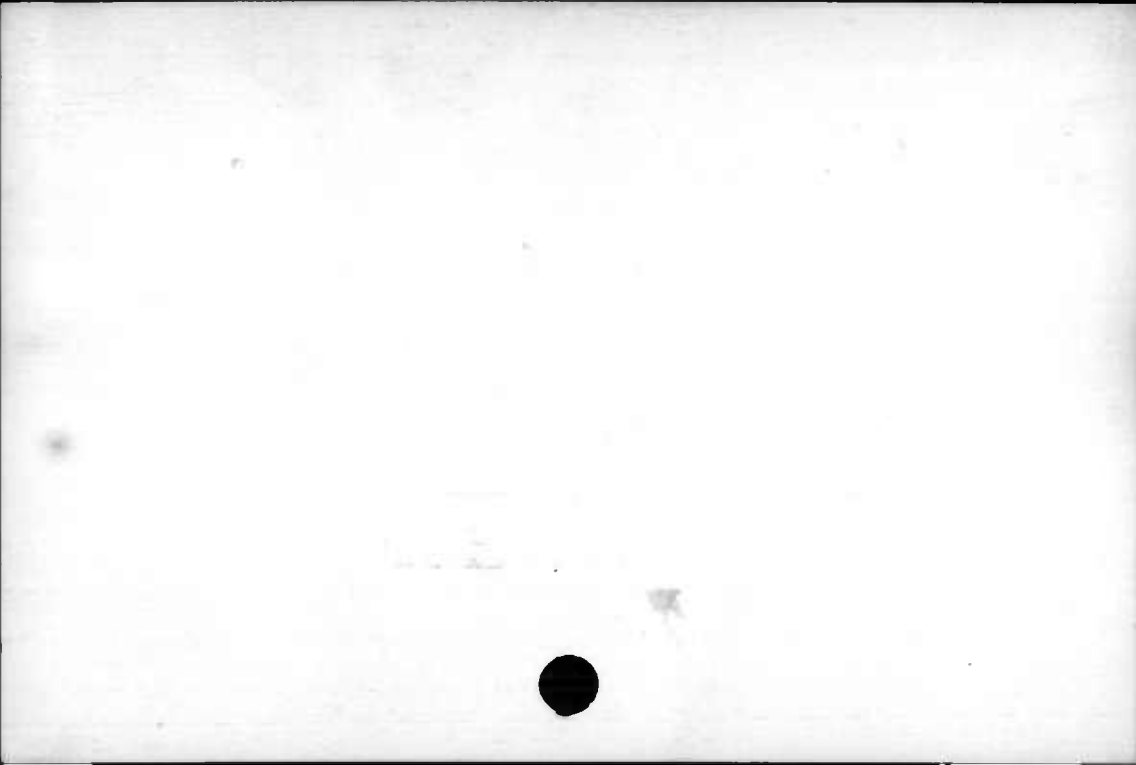
TO BE ANSWERED BY
NEAREST FRIEND


Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Dec</i>	Day <i>31</i>	Age <i>51</i>	Years <i>3</i> Months <i>9</i> Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Crisfield Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Estelle Laird</i>			
Father's Name <i>Thomas H Laird</i>		Father's Birthplace <i>Crisfield</i>			
Mother's Maiden Name <i>Ward</i>		Mother's Birthplace <i>Crisfield Md</i>			
Name of person giving information <i>John W. Laird</i>		How related to deceased <i>Brother</i>			

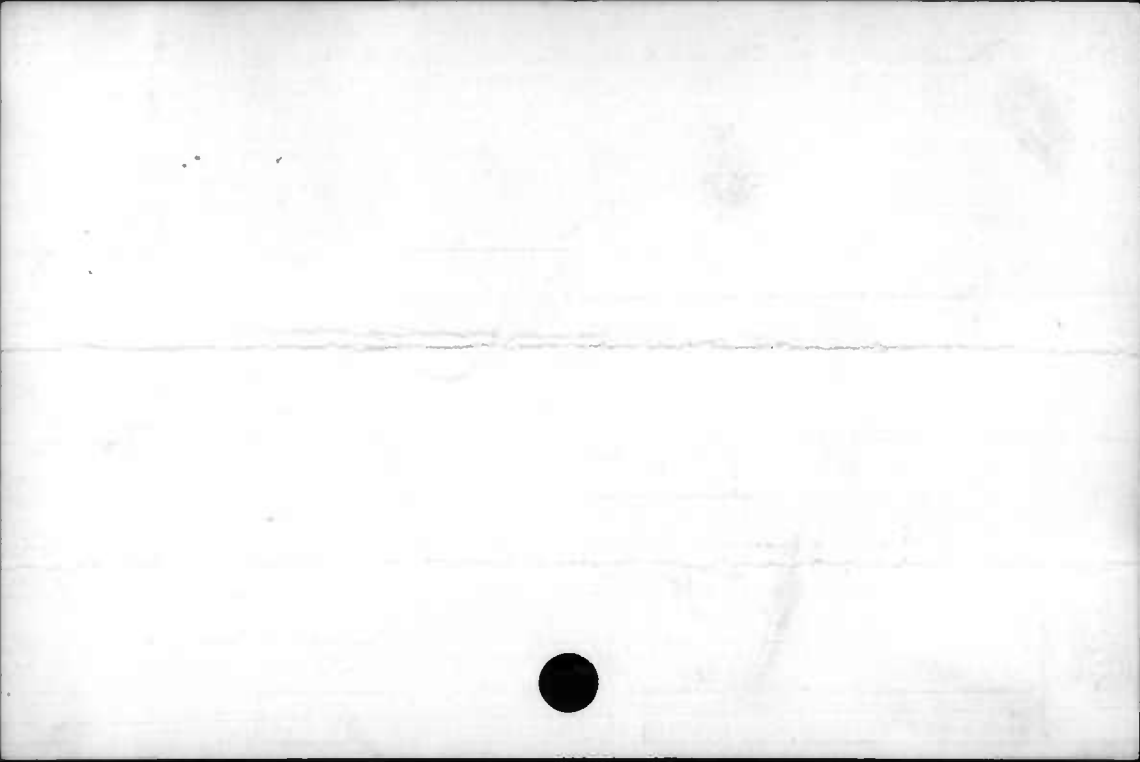
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of hand</i>	How long <i>4 years</i>
Immediate <i>Secondary Cancer</i>	How long <i>one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. F. Hall</i>
	Address <i>Crisfield Md</i>
Accident or Suicide? <i>_____</i>	



Name in Full		Mary A. Morddley				CERTIFICATE OF DEATH			
• TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Westover	County Som.		MARYLAND		
		Date of death		1905	Month Dec.	Day 19	Age 85	Months Days	
		Sex		Fem.		Color or Race Col'd.		Birth-place	
		Occupation		Housewife		Where Residing if not at place of death			
		Married, Single or Widowed		Married		Name of Wife or Husband Chas. Lawrence			
		Father's Name		Father's Birthplace					
		Mother's Maiden Name		Mother's Birthplace					
		Name of person giving Information		How related to deceased					
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER		Primary				How long			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr. G. W. Gill	
		Accident or Suicide?				Address		Manokin Md.	



Name
in
Full

Cosman Nutter

CERTIFICATE OF DEATH

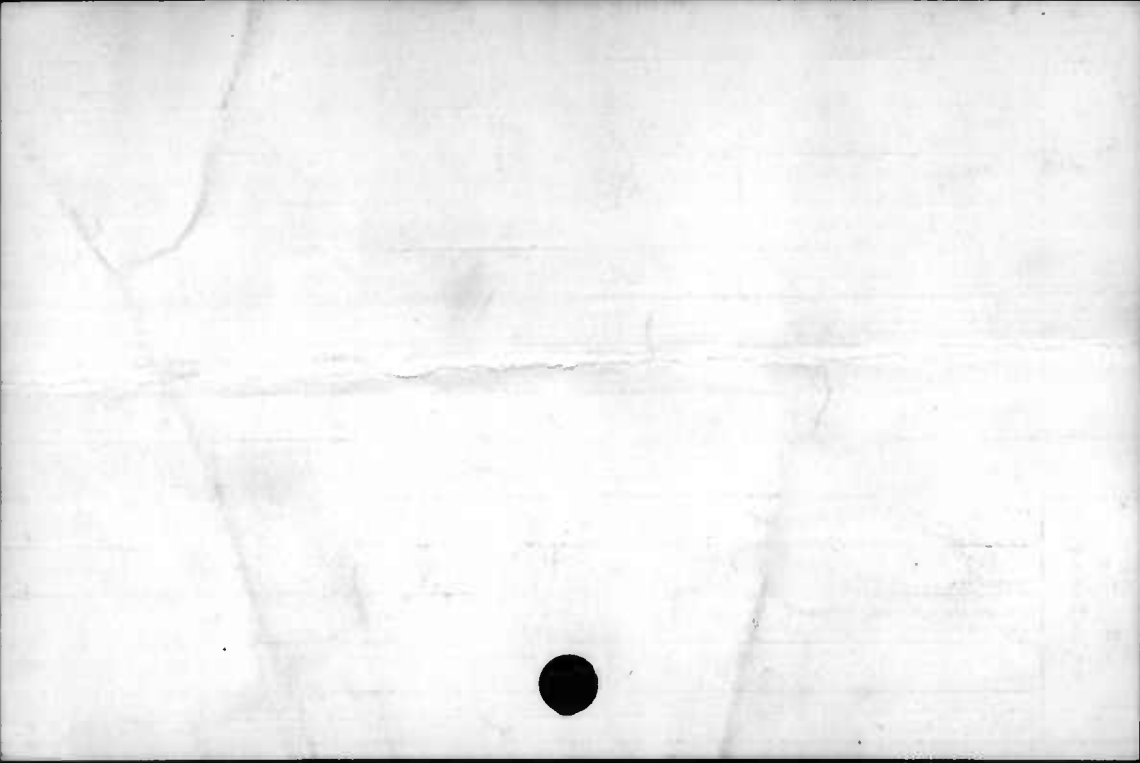
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKinnon</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>22</i>	Age <i>—</i>	Months <i>2</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>Col..</i>		Birth-place <i>McKinnon</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>McKinnon</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Nutter</i>		Father's Birthplace <i>McKinnon</i>			
Mother's Maiden Name <i>Laura Williams</i>		Mother's Birthplace <i>—</i>			
Name of person giving Information <i>Sidney Nutter</i>		How related to deceased <i>Grand Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nervous Prostration</i>	How long <i>1 day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. M. Washburn</i>
	Address <i>Undertaker</i>
	<i>McKinnon</i>
Accident or Suicide?	



Name
in
Full

Ernest Kutter

12/18/VI

CERTIFICATE OF DEATH

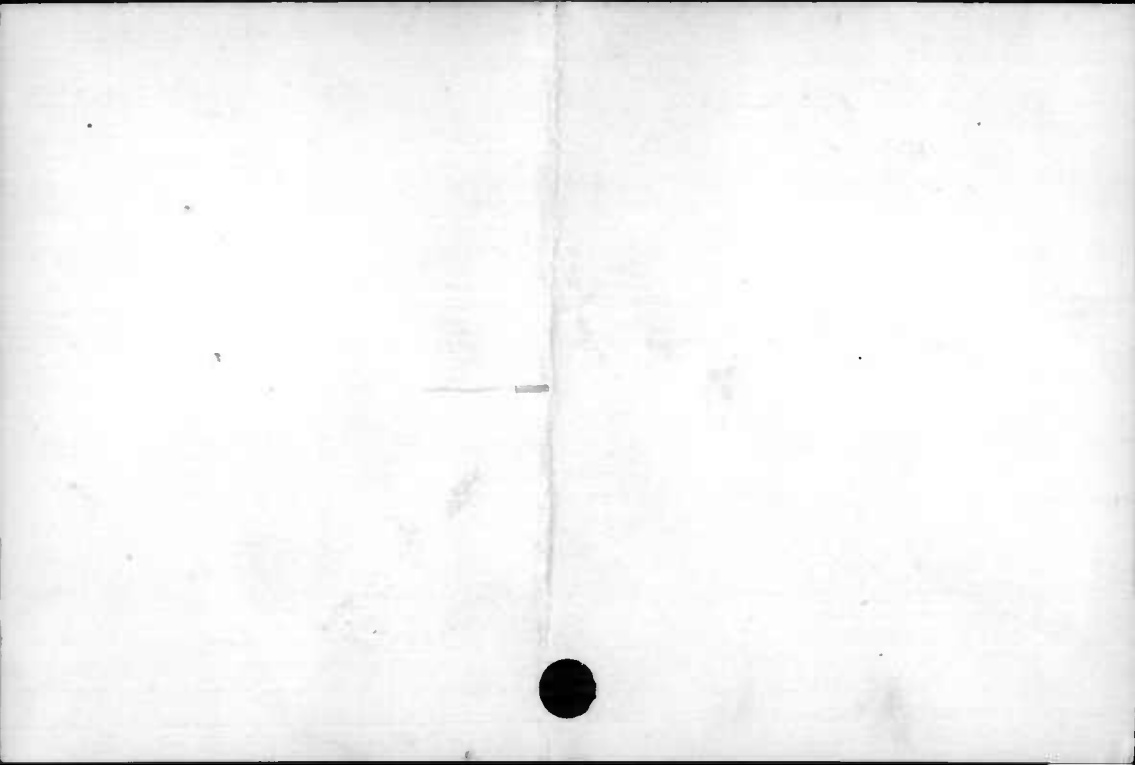
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mckinney		County Somerset		MARYLAND	
Date of death		1905	Month 12	Day 22	Age	Years 4	Months 10
Sex		Male		Color or Race		Gold.	
Occupation				Birth-place		Mckinney	
Where Residing if not at place of death				Mckinney			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				John Kutter			
Mother's Maiden Name				Mary Harris			
Name of person giving information				Sidney Kutter			
Father's Birthplace				Mckinney			
Mother's Birthplace				"			
How related to deceased				Grandfather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
in
Full

Miss Mary Reading 12/18/51

CERTIFICATE OF DEATH

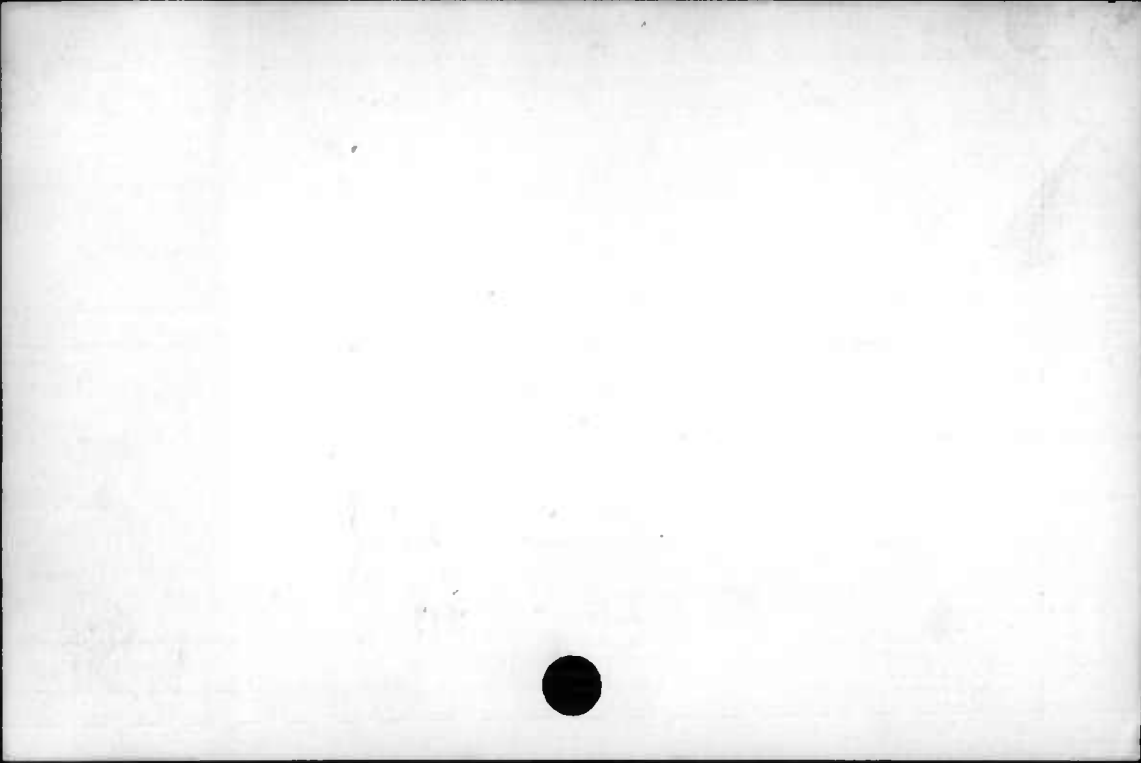
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Kingston</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>12</i>	Day <i>18</i>	Years <i>28</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Worcester Co</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Isaac Reading</i>					
Father's Name <i>James Selby</i>		Father's Birthplace <i>Worcester Co Md</i>					
Mother's Maiden Name <i>Ellen Costen</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Isaac Reading</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>7 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Harrison</i>	
		Address <i>in last illness</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

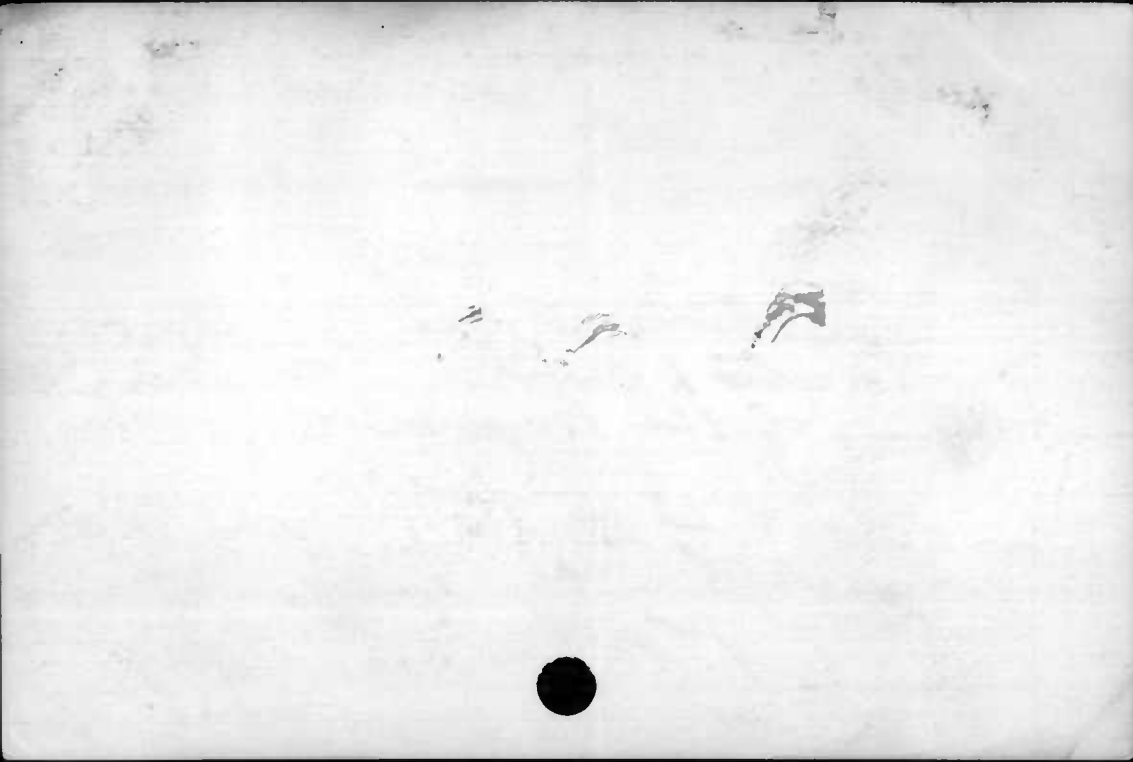
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Geysaver Right</i>		Town <i>Chance</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Died at <i>Chance</i>		Month <i>Dec</i>		Day <i>24</i>		Age <i>1</i>	
Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>24</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>		Months <i>7</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles Right-</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Rachel D.</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Chas Right-</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronch Pneumonia</i>		How long	
Immediate <i>Asthemia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. M. Hindman</i>	
<i>Yes</i>		Address <i>Dames 1/4</i>	
Accident or Suicide?		<i>md</i>	



Name
in
Full

James Phores

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Monie</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>Dec.</u> ^{Day} <u>29th</u> ^{Age} <u>1</u>		<u>1</u> ^{Years}		<u>7</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Dom. C.</u>	
Occupation <u>C</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Geachery Shores</u>		Father's Birthplace <u>Dom. C.</u>			
Mother's Maiden Name <u>Hester Davis</u>		Mother's Birthplace <u>Dom. C.</u>			
Name of person giving information <u>Hicks Boyman</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastritis</u>	How long <u>one week</u>
Immediate <u>Asthma</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Alvinasor M.D.</u>
	Address <u>514 E. 1st St., Somerset Co., Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

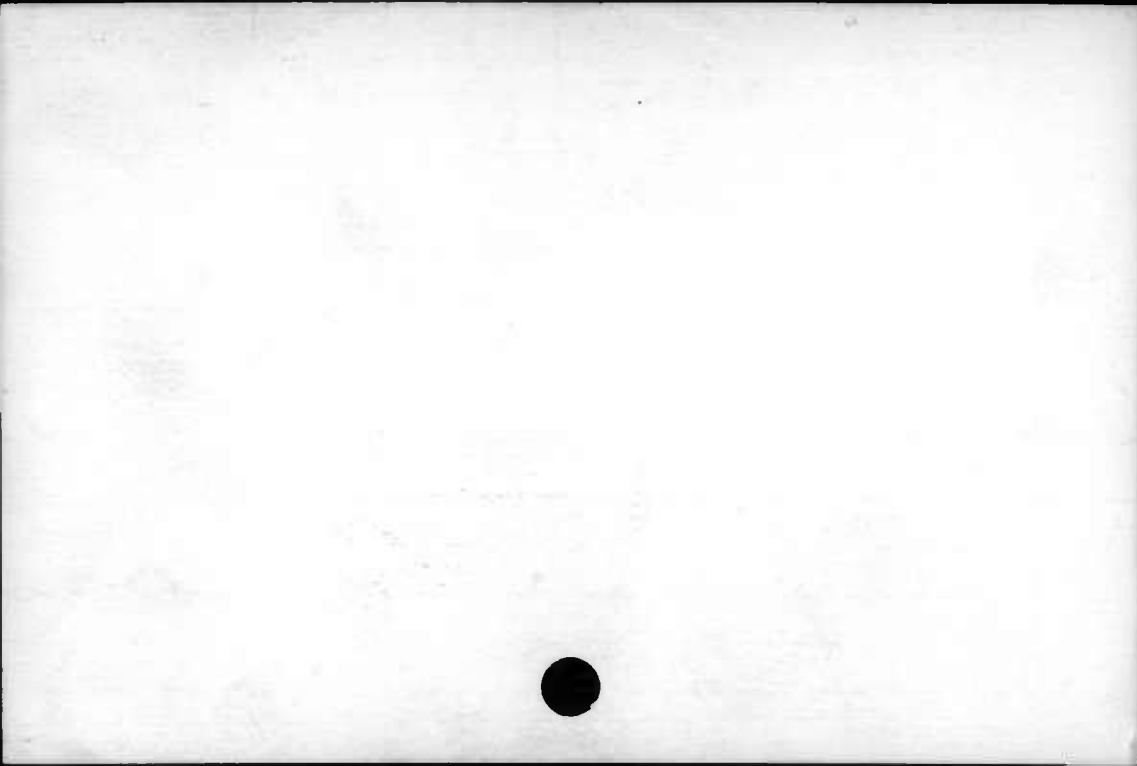
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		
Date		Month	Day	Years	Months	Days
of death		1905	Dec	31	Age	15
Sex	Female	Color or Race	White	Birth-place	Crisfield	
Occupation	School		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Edward R. Somers				Father's Birthplace	Somers Co
Mother's Maiden Name	Arlie Thomas				Mother's Birthplace	" "
Name of person giving information	Ella Somers				How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	2 wks
Immediate	Tubercular meningitis		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. G. Collins
			Address	Crisfield
Accident or Suicide?				



Name
in
Full

Emily F Spriggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Upper Fairmount ^{County} Somerset

Date of death 1905 Dec 7 Age 6-2 Months - Days -

Sex Female Color or Race White Birth-place Somerset Co

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John Spriggs

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information John Spriggs

How related to deceased Husband

CAUSES OF DEATH

Primary Arterio Sclerosis (81) How long One Year

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

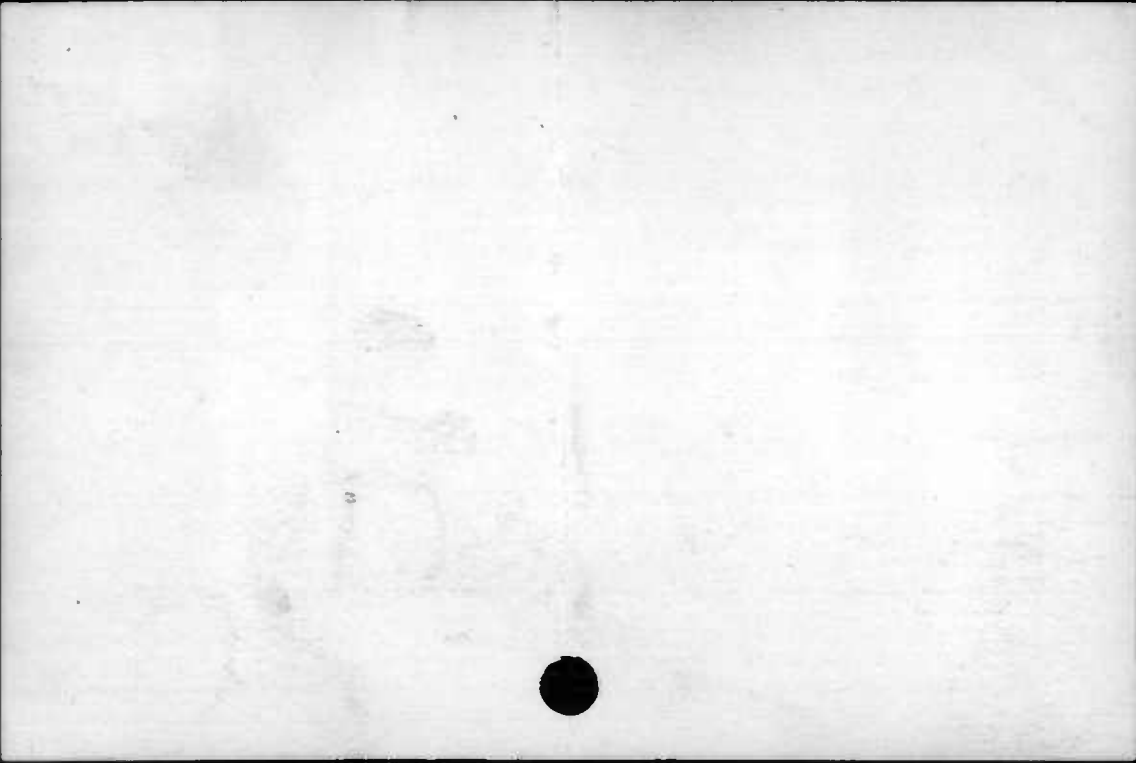
Signature of Physician

G. E. Dickinson

Address

Upper Fairmount

Accident or Suicide?



Name in Full

Certificate of Death

Cephus P. Thorpe

Died at ^{Town} Deal's Island. ^{County} Somerset MARYLANDDate 1895 ^{Month} Dec ^{Day} 20 ^{Age} about 24 ^{M.} ^{D.} ^{Native of} Va. ^{Occupation} Sailor

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Unknown

Mother's

Name

Mrs Harriet Thompson

Cause of ^{Primary}Death ^{Immediate}

Drowning

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

J. W. Hendry

Undertaker

Address

Deal's Island,

Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Lawson's* Town *Lawson's*County *Somerset*Date of death *1905 Dec*Month *12*Day *13* Age *27*Months *—*Days *—*Sex *Female*Color or Race *White*Birth-place *Lawson's Md.*Occupation *House wife*Where Residing if not at place of death *—*Married, Single or Widowed *Married*Name of Wife or Husband *John Ward*Father's Name *John Lawson*Father's Birthplace *Lawson's Md.*Mother's Maiden Name *Henrietta Sterling*Mother's Birthplace *Lawson's Md.*Name of person giving information *John Ward*How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pleurisy & Pneumonia*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

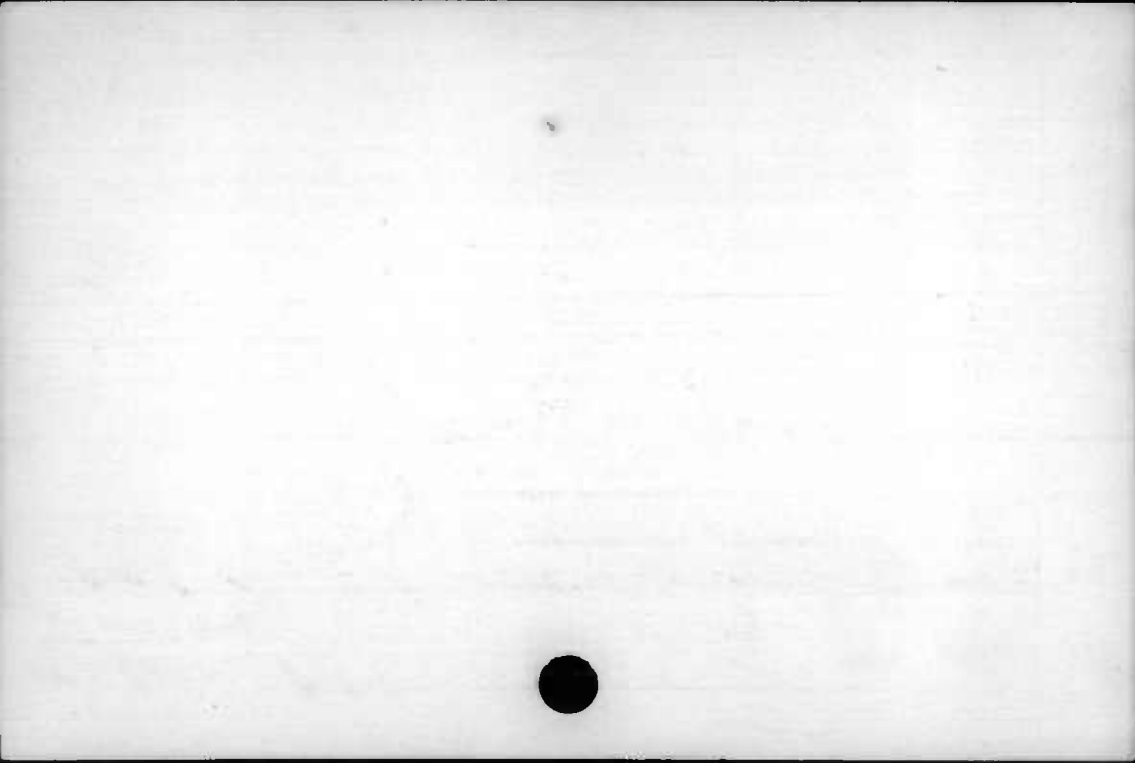
yes

Signature of Physician

Address

*Wm H Boulbourne, Md.
Cuzfield, Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry R. Webster*

Died at *Deals Island* ^{Town} *Somerset* ^{County}

MARYLAND

Date of death 190 *5* ^{Month} *Dec* ^{Day} *15* ^{Years} *20* ^{Months} ^{Days}

Sex *male* Color or Race *White* Birth-place *md*

Married, Single or Widowed *Single* Occupation *Mariner*

Name of Wife or Husband

Father's Name *John H Windsor* Father's Birthplace *md*

Mother's Maiden Name *Sallie Windsor* Mother's Birthplace *md*

Name of person giving information *J. H. Windsor* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *1 year*

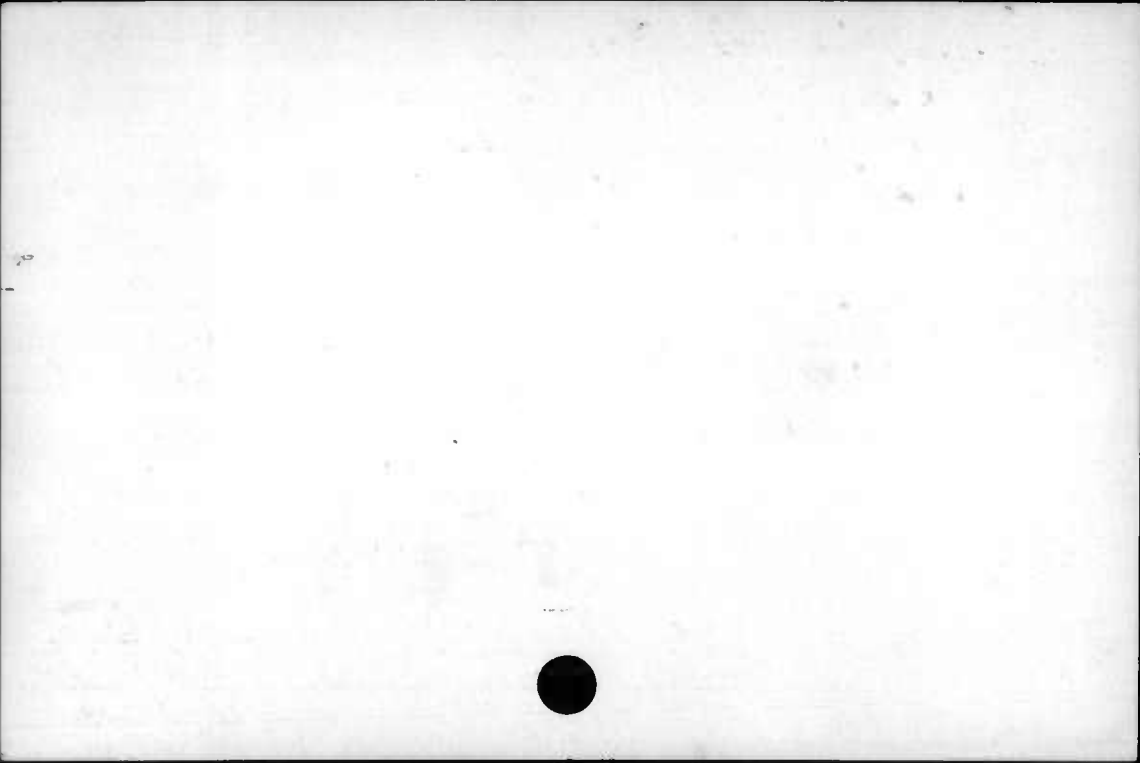
Immediate *Asphyxiation* How long *1 mo*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Windsor*

Address *Somerset, Md.*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Marion</i>		County <i>Somerset</i>		MARYLAND	
Date of death		Month <i>Dec</i>	Day <i>7</i>	Years <i>70</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Somerset Co.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Sarah E. White</i>					
Father's Name <i>Titus White</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Name <i>Santa Gurby</i>		Mother's Birthplace <i>Somerset Co</i>					
Name of person giving In formation <i>Elisha White</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 1/2</i>
Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Collins</i>	
		Address <i>Crisfield Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elmer L. Wright

Town

County

MARYLAND

Died at James

Date

of death 1905

Month

Dec

Day

6

Years

13

Age

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Bill Wright

Father's
Birthplace

md

Mother's
Maiden Name

Loan Wright

Mother's
Birthplace

md

Name of person giving
In formation

Geo. H. Jones

How related
to deceased

non

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Perforation of bowels

How long

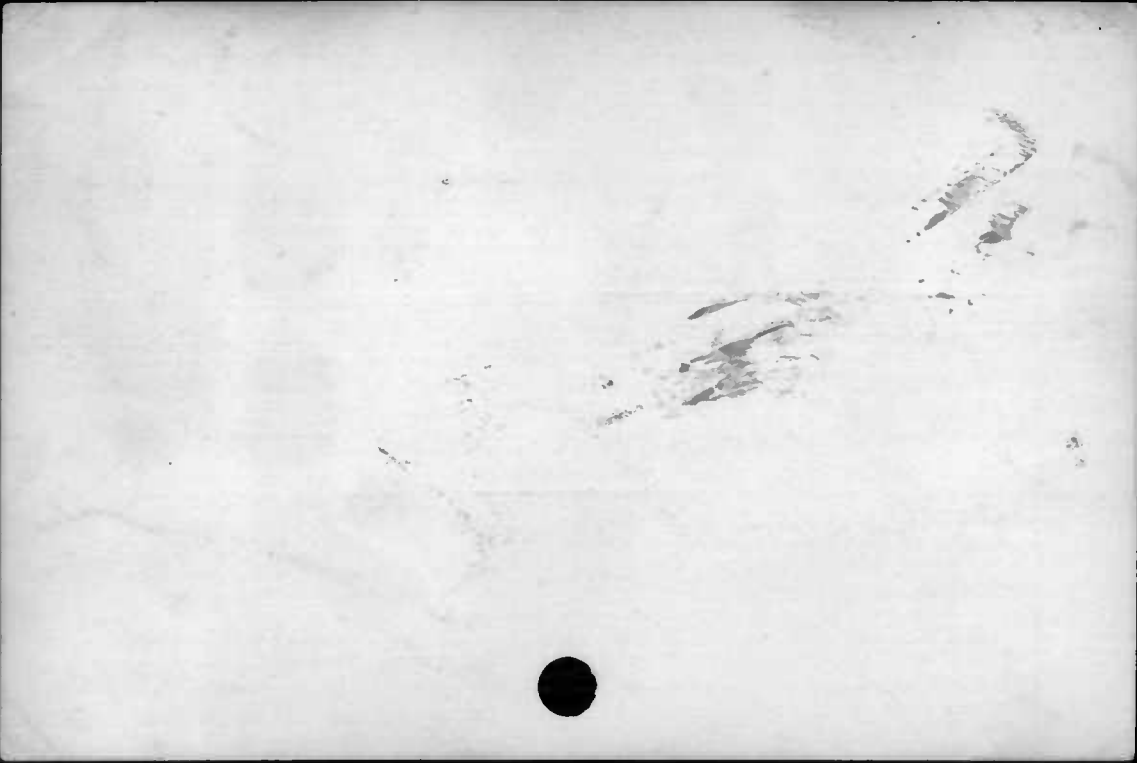
2 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

S. J. Windecker, M.D.
James Leichter
Somerset Co., Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Creek</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month} <i>Dec</i> ^{Day} <i>19</i>	Age	<i>33</i> ^{Years}	Months	Days
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Ind</i>
Occupation	<i>Marooner</i>		Where Residing If not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Jane Hught</i>		
Father's Name	<i>Jim Wright</i>			Father's Birthplace	
Mother's Maiden Name	<i>Jane Jones</i>			Mother's Birthplace	
Name of person giving information	<i>Jim Wright</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>1 Year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. J. Windsor</i>	
<i>Yes</i>		Address <i>Gaines 1/4 Ind</i>	
Accident or Suicide?			

